



THE COMMISSIONER IS AUTHORIZED
TO CHARGE ANY DEFICIENCY IN THE
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ACCOUNT NO. 23-0975

IAP07Rec'd PCT 26 DEC 2007

In re application of : Confirmation No. 2516
Noritada KATAYAMA : Attorney Docket No. 2005_1546A
Serial No. 10/552,509 : Group Art Unit 3736
Filed October 5, 2005 : Examiner Sharick Naqi
BIOLOGICAL INFORMATION
MONITORING SYSTEM : Mail Stop AMENDMENT

PATENT OFFICE FEE TRANSMITTAL FORM

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Attached hereto is a check in the amount of \$155.00 to cover Patent Office fees relating to filing the following attached papers:

Additional Claims Fee Transmittal Letter

Excess of Twenty	\$ <u>50.00</u>
Independent	\$ <u>105.00</u>
Multiple Dependent Fee	\$

A duplicate copy of this paper is being submitted for use in the Accounting Division, Office of Finance.

The Commissioner is authorized to charge any deficiency or to credit any overpayment associated with this communication to Deposit Account No. 23-0975, with the EXCEPTION of deficiencies in fees for multiple dependent claims in new applications.

12/28/2007 ATRAN1 00000142 10552509

01 FC:2614
02 FC:2615

105.00 OP
50.00 OP

Respectfully submitted,

Noritada KATAYAMA

By Charles R Watts/
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Registration No. 33,142
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December 26, 2007

[Check No. 83952]

2005_1546A



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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of : **Confirmation No. 2516**
Noritada KATAYAMA : Attorney Docket No. 2005_1546A
Serial No. 10/552,509 : Group Art Unit 3736
Filed October 5, 2005 : Examiner Sharick Naqi
BIOLOGICAL INFORMATION
MONITORING SYSTEM : **Mail Stop: AMENDMENT**

ADDITIONAL CLAIMS FEE TRANSMITTAL LETTER

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application. Additional fees required as a result of this Amendment are calculated as follows:

	SMALL ENTITY		LARGE ENTITY
Total Claims exceeding 20 (not already paid for): 2 x	(\$ 25 = \$50)	or	(\$50 = \$)
Indep. Claims exceeding 3 (not already paid for): 1 x	(\$105 = \$105)	or	(\$210 = \$)
<input type="checkbox"/> Multiple Dep. Claim(s) (if there previously were none): +	(\$185 = \$)	or	(\$370 = \$)
Total Additional Fee =	<u>\$155.00</u>	or	<u>\$</u>

☒ Small entity status of this application has been previously asserted.

☐ Small entity status of this application is established by the verified statement under 37 C.F.R. 1.9 and 1.27 which

☐ is enclosed or
☐ has been previously submitted.

[X] A check in the amount of \$155.00 is enclosed.

☐ Please charge Deposit Account No. 23-0975 the amount of \$_____ to cover additional fee. The Commissioner is authorized to charge any deficiency associated with this communication or to credit any overpayment to the Deposit Account. The original and two copies of this document are enclosed.

Respectfully submitted,

Noritada KATAYAMA

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December 26, 2007